

BOARD OF OCCUPATIONAL THERAPY

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SPONSORED FREE HEALTH CARE EVENTS

REGISTRATION OF SPONSORING ENTITY UNDER BUSINESS & PROFESSIONS CODE SECTION 901

In accordance with California Business and Professions Code Section 901(d), a non-government organization administering an event to provide health care services to uninsured and underinsured individuals at no cost may include participation by certain health care practitioners licensed outside of California if the organization registers with the California licensing authorities having jurisdiction over those professions. This form shall be completed and submitted by the sponsoring organization **at least 60 calendar days prior to the sponsored event**. *Note that the information required by Business and Professions Code Section 901(d) must also be provided to the county health department having jurisdiction in each county in which the sponsored event will take place.*

[Only one form (per event) should be completed and submitted to the Department of Consumer Affairs. The Department of Consumer Affairs will forward a copy of the completed registration form to each of the licensing authorities indicated on this form.]

PART 1 – ORGANIZATIONAL INFORMATION

1. Organization Name: _____

2. Organization Contact Information (*use principal office address*):

Address Line 1 _____

Phone Number of Principal Office _____

Address Line 2 _____

Alternate Phone _____

City, State, Zip _____

Website _____

County _____

Organization Contact Information in California (*if different*):

Address Line 1 _____

Phone Number _____

Address Line 2 _____

Alternate Phone _____

City, State, Zip _____

County _____

3. Type of Organization:

Is the organization operating pursuant to Section 501(c)(3) of the Internal Revenue Code?

____ Yes ____ No

If not, is the organization a community-based organization*?

____ Yes ____ No

Organization's Tax Identification Number _____

If a community-based organization, please describe the mission, goals and activities of the organization (*attach separate sheet(s) if necessary*):

* A "community based organization" means a public or private nonprofit organization that is representative of a community or a significant segment of a community, and is engaged in meeting human, educational, environmental, or public safety community needs.

PART 2 – RESPONSIBLE ORGANIZATION OFFICIALS

Please list the following information for each of the principal individual(s) who are the officers or officials of the organization responsible for operation of the sponsoring entity.

Individual 1:

Name	Title
Address Line 1	Phone
Address Line 2	Alternate Phone
City, State, Zip	E-mail address
County	

Individual 2:

Name	Title
Address Line 1	Phone
Address Line 2	Alternate Phone
City, State, Zip	E-mail address
County	

Individual 3:

Name

Title

Address Line 1

Phone

Address Line 2

Alternate Phone

City, State, Zip

E-mail address

County

(Attach additional sheets if needed to list additional principal organizational individuals)

PART 3 – EVENT DETAILS

1. Name of event, if any: _____

2. Date(s) of event (not to exceed ten calendar days): _____

3. Location(s) of the event (be as specific as possible, including address):

4. Describe the intended event, including a list of all types of healthcare services intended to be provided (*attach additional sheet(s) if necessary*): _____

5. Attach a list of all out-of-state health care practitioners who you currently believe intend to apply for authorization to participate in the event. The list should include the name, profession, and state of licensure of each identified individual.

___ *Check here to indicate that list is attached.*

6. Please check each licensing authority that will have jurisdiction over an out-of-state licensed health practitioner who intends to participate in the event:

___ Acupuncture Board
___ Board of Behavioral Sciences
___ Board of Chiropractic Examiners
___ Dental Board
___ Dental Hygiene Committee

___ Physician Assistant Committee
___ Physical Therapy Board
___ Board of Podiatric Medicine
___ Board of Psychology
___ Board of Registered Nursing

___ Medical Board
___ Naturopathic Medicine Committee
___ Board of Occupational Therapy
___ Board of Optometry
___ Osteopathic Medical Board
___ Board of Pharmacy

___ Respiratory Care Board
___ Speech-Language Pathology,
___ Audiology & Hearing Aid Dispensers
___ Board
___ Veterinary Medical Board
___ Board of Vocational Nursing &
___ Psychiatric Technicians

Note:

- Each individual out-of-state practitioner must request authorization to participate in the event by submitting an application (Form 901-B) to the applicable licensing Board/Committee.
- The organization will be notified in writing whether authorization for an individual out-of-state practitioner has been granted.

This form, any attachments, and all related questions shall be submitted to:

Attn: Department of Consumer Affairs
Sponsored Free Health Care Events
1625 North Market Blvd.
Sacramento, CA 95834

- I understand the recordkeeping requirements imposed by California Business and Professions Code Section 901 and Title 16, California Code of Regulations Section 4117.
- I understand that our organization must file a report with each applicable board/committee within fifteen (15) calendar days of the completion of the event.

I certify under penalty of perjury that the information provided on this form and any attachments is true and current and that I am authorized to sign this form on behalf of the organization:

Name Printed

Title

Signature

Date